

Susan H. Paschell (Print Name of lobbyist)

# STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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I Nama of Labbuis	t(s) Susan H. Paschell ; James P. Monah	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyis	t's partnership, firm or corporation, if any	ıy:
The Dupont Group (Name of partnership, firm	or companyion)	
	te 401 Concord, NH 03301 ) (Town/City) (State) (Zip Code)	
(603 )228-3322	(603) 228-0713	e-mail jmonahan@dupontgroup.com
(Telephone)	(Fax)	
III. This statement expense transaction	covers: (Choose one – file separate reports is which are not attributable to any one cli	ts for each client, OR you may file a separate report for reportabl lient).
All reportable	transactions occurring in the month prior to	the reporting date relative to the following client:
Bi State Primary C	are Association	d d Maio B. Sanda Camb
<u>OR</u>	(Full Name of Client as it appea	ears on the Lobbyist Registration Form)
All reportable tra		obyist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 25, 2018 activity from date of registration to 3/31/1	July 25, 2018   activity from 4/1/18 to 6/30/18
	October 31, 2018 X activity from 7/1/18 to 9/30/18	January 30, 2019  activity from 10/1/18 to 12/31/18
V. There have been If this box is checked 03301.	no fees received and no reportable transa d, complete just this form and submit it to the	sactions made since the last report.   Be Secretary of State's Office, State House, Room 204, Concord, NH
	onal reports are attached: ived fees or made expenditures, you must file	le Addendum A- Fees and Expenses
☐ If you have paid Reimbursement	an honorarium or reimbursed expenses, you	u must file Addendum B- Report of Honorariums or Expense
☐ If you, your firm	, or your family has made political contribut	ations, you must file Addendum C- Political Contributions.
I have read RSA 15, best of my knowleds	ge and belief.	or affirm that the foregoing information is true and complete to the
puraut.	faschell	
(Signature of lobbyist)		10/31/2018(Date)
(Nignature of Jobbyist)		(Duit)



I. Name of Lobbyist(s)

# STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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Susan H. Paschell; James P. Monahan	<u></u>
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client Bi State Primary Care Association	<u>Date</u> 10/31/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to including fees for services such as public advocacy, government relations, or plegislation, and related legal work. The gross fee amount reported shall not be	public relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$6,000
b) Total of all fees received this calendar year, prior to this reporting period	b) \$12,000
(This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c) \$18,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) <b>\$0</b>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expenditures are to be filed for expenditures made relative to each client and if expenditures are to be filed for the lobbyist(s)/fir categories of expenses: (a) the aggregate total of all expenses paid during the roffice expenses; (b) the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person be itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported and addendum A.	militures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to sing lobbied with a value of \$25.00 or less); and (c) an operiod of greater than \$25.00 for any purpose not 5, purchase of a ceremonial object to be given to the staurant expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$

b) I otal aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ '
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from I whom paid or to whom charged.	lobbying fees during this reporting period, including by
Paid to: Amount:	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the best of my knowledge and belief.  JULIUH . Faschell	
10/31/	2018
(Signature of lobbyist) (Date)	
Susan H. Paschell (Print Name of lobbyist)	

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#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Statement of Income and	•		
Name of Lobbying partne	rship, firm, or corporation	on: The Dupont G	roup
Name of Client (leave bla	nk if Statement is for the	e partnership, firm, or corpor	ation and not related to any particular
client): Bi State Primar	y Care Association		
Date of Report (check on	e):		
April 25, 2018 🔲	July 25, 2018 🗆	October 31, 2018 X	January 30, 2019 □
The state of the s		-	ses described above, and the dendum forms being submitted):
LAddendum A(s).			
0 Addendum B(s).			
<u>0</u> Addendum C(s).			
I hereby swear or affirm the best of my knowledge	and helief	ation on the Statement and ea	ach Addendum is true and complete to
(Signature of lobbyist)		10/31/2 (Date)	2018
James P. Monahan			

(Print Name of lobbyist)